



Ridgewood YMCA

E

Application for Employment

revised 5-12-2014

YMCA Mission:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Position(s) being applied for: _____

Branch Location: _____

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

**** Notice to Applicants ****

The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.

Criminal background check and other federal or state screenings for child abuse will be conducted.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

Please type or print. Application must be completely filled out in order to be considered.

Personal Data

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Have you previously worked for any YMCA? Yes No If yes, when _____

YMCA Name & Address _____

Are you 18 years of age or older? Yes No If not, you will be required to furnish working papers upon hire.

Have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court?

No Yes, detail _____

Offenses against persons or family, or public indecency?

No Yes, detail _____

Answering "yes" to these questions does not constitute an automatic bar to employment but will be considered in relation to the position sought.

Employment Availability

What type of position are you applying for: ___ Full time ___ Regular Part-time ___ Seasonal ___ Other

When are you available (check all that apply)? Available start date? _____

___ Mornings ___ Days ___ Evenings ___ Late Evenings ___ Weekends

Any restrictions to work hours? _____

Salary Desired: \$ _____

Employment & Volunteer History

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

Employer _____ Telephone (____)_____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting	
Immediate supervisor and title _____	\$ per	
Reason for leaving _____	Hourly Rates/Salary Final	
_____	\$ per	
Employer _____ Telephone (____)_____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting	
Immediate supervisor and title _____	\$ per	
Reason for leaving _____	Hourly Rates/Salary Final	
_____	\$ per	
Employer _____ Telephone (____)_____	Dates Employed From To	Summarize the type of work performed and job responsibilities
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Employer _____ Telephone (____)_____	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting	
Immediate supervisor and title _____	\$ per	
Reason for leaving _____	Hourly Rates/Salary Final	
_____	\$ per	

Non-employment Record

Include explanation of all lapses in employment on preceding page.

From		To		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

Education

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

References

List at least three references/persons that know you well and can attest to your abilities and suitability for YMCA employment (*one reference must be a family member*).

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

Additional Information

Do you hold current CPR certification? Yes No

Expiration: _____

Do you hold current first aid certification? Yes No

Expiration: _____

Do you hold current lifeguarding certification? Yes No

Expiration: _____

Other relevant certifications held:

Type: _____ Expiration: _____

Type: _____ Expiration: _____

<p>How did you find us? (if applicable)</p> <input type="checkbox"/> Walk-in <input type="checkbox"/> Signs at Center <input type="checkbox"/> Web Page <input type="checkbox"/> Referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other _____
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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered. Initial _____

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered. Initial _____

I understand that, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment. Initial _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant. Initial _____

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will** which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause. Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.
Do not sign until you have read the above Applicant Statement and initialed each statement.

Signature of Applicant _____
Date

Signature of Parent if applicant is under 18 years of age _____
Date

Parent's Name (please print): _____

FOR YMCA USE ONLY:

Date Received: _____ **Date Contacted:** _____

Referred to: _____ **Date:** _____

Referred to: _____ **Date:** _____

Notes/Comments: _____

